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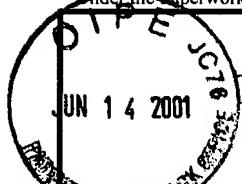
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TECH CENTER 1600/2000

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/420,695
		Filing Date	October 19, 1999
		First Named Inventor	Yasmin Thanavala
		Group Art Unit	1651
		Examiner Name	M. Flood
Total Number of Pages in This Submission	11	Attorney Docket Number	RPP:156A US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) ** <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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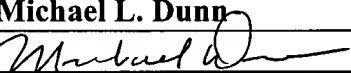
**SUBSTITUTE Appeal Brief

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael L. Dunn	
Signature		
Date	June 12, 01	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Michael L. Dunn	
Signature		Date

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FEE TRANSMITTAL
for FY 2001

JUN 14 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

04-1790

Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16, 1.17, 1.18 and 1.20

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Previously mailed April 2. 2001:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	X	=
Independent Claims		-3** =	X	=

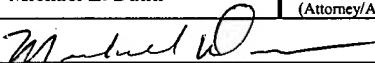
Multiple Dependent

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203	Claims in excess of 20
102	80	202	40 Independent claims in excess of 3
104	270	204	135 Multiple dependent claim, if not paid
109	80	209	40 **Reissue independent claims over original patent
110	18	210	9 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			(\$)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael L. Dunn	Registration No. (Attorney/Agent)	25,330	Telephone	716-433-1661
Signature				Date	June 12, 2001

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